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**"FEE ADDRESS" INDICATION FORM**

**Address to:**  
**Mail Stop M Correspondence**  
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**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**- OR -**

**Fax to:**  
**571-273-6500**

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

Customer Number: **27128**

**OR**

The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
<b>7,501,664</b>	<b>10/597,617</b>

Completed by (check one):

Applicant/Inventor



Signature

Attorney or Agent of record **L0316**

Typed or printed name

(Reg. No.)

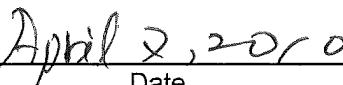
**314-480-1500**

Assignee of record of the entire interest. See 37 CFR 3.71.

Requester's telephone number

Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_



Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\* Total of **1** forms are submitted.

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/597,617
Filing Date	August 25, 2006
First Named Inventor	Tae Kyung YOO
Title	III-NITRIDE COMPOUND SEMICONDUCTOR LIGHT EMITTING DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	718936.16

**I hereby revoke all previous powers of attorney given in the above-identified application.** A Power of Attorney is submitted herewith.**OR** I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

27128

**OR** I hereby appoint Practitioner(s) named below as my/our attorneys or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

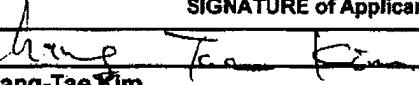
Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:**OR** The address associated with Customer Number:

27128

**OR** Firm or Individual Name **Husch Blackwell Sanders LLP** Address **190 Carondelet Plaza, Suite 600** City **St. Louis** State **MO** Zip **63105** Country **US** Telephone  Email 

I am the:

 Applicant/Inventor.**OR** Assignee of record of the entire interest. See 37 CFR 3.71.*Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on***SIGNATURE of Applicant or Assignee of Record** Signature  Date **2010.04.02** Name **Chang-Tae Kim** Telephone **+82-54-467-2102** Title and Company **VP & CTO, Epivalley Co., Ltd. (formerly Sungil Telecom Co., Ltd.)**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 1 forms are submitted.